



**POST OFFICE
TO ADDRESSEE**



EL545793153US

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**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE**

Customer Copy
Label 11-F, July 1997

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 44115	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 12-18-00	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In 4:48	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

X441972

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or
Postal Service Acct. No.

NO DELIVERY

☐ Weekend ☐ Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE ()

**FAY SHARPE ET AL
1100 SUPERIOR AVE E FL 7
CLEVELAND OH 44114-2516**

XER 2 0351

TO: (PLEASE PRINT)

PHONE ()

**ASSISTANT COMMISSIONER FOR
PATENTS
WASHINGTON DC 20231-9999**

BOX PATENT APPLICATION

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



RECEIVED

OCT 23 2001

OFFICE OF PETITIONS

EXHIBIT

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